

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 714

1. PLACE OF BIRTH

County Pima State Arizona
District or Township _____ or Village _____
City Cucson No. 157 W. Franklin St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sylvia Ann Robles { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Aug. 3 1930
Month Aug Day 3 Year 1930

8. FATHER
Full name Fernando R. Robles
9. Residence (Usual place of abode) 157 W. Franklin
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Cucson
(State or country) Arizona

13. Occupation Electrician
Nature of industry House wiring

14. MOTHER
Full maiden name Helen L. Maules
15. Residence (Usual place of abode) 157 W. Franklin
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) _____
(State or country) Kansas

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6:45 P. m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____

Address Cucson Arizona
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____

Filed 8-9, 1930 Dr. Alvin Kirmse
Registrar S

Registrar